



Washington State Department of

Early Learning

Proposed Capacity Determination

Facility or Licensee Name		10 digit telephone number	Inspection date	Inspection type
Facility Address				Provider ID
Licensor Name				10 digit telephone number
Location	Measurement/Calculations			Determination
	Total Proposed Capacity =			

Facility Administrator/Licensee or Designee Signature: _____ Licensor Signature: _____

Calculations reflect a proposed capacity, an attached floor plan is required, determination pending licensor's approval,

This is consistent with WAC 170-295-2090 & WAC 170-151-190

10.9.1.5 Proposed Capacity Determination Revised 9/09

Distribution: Licensing File, Applicant/Licensee

Proposed Capacity Determination Continuation

	Total Proposed Capacity =	

Facility Administrator/Licensee or Designee Signature: _____ Licensors Signature: _____